

COMPREHENSIVE SCHOOL REFORM — 2004 Annual Meeting
Registration Form
Wednesday, February 18, 2004



**Comprehensive
School
Reform**



Location:

**McCamly Plaza Hotel
50 Capital Avenue S.W.
Battle Creek, MI 49017
Room Reservations:
888-622-2659**



Date:

February 18, 2004



Time:

**8:30 Sign in/Continental
Breakfast**

**9:00 a.m. to 3:30 p.m.
Program**

Two to four representatives from each CSR school should plan to attend. Model provider representatives may participate.

Name: (As you want it to appear on your name tag)

_____ Ms./Mr./Dr.	_____ First Name	_____ Last Name	_____ Position Title
<i>Lunch Choice:</i> <input type="checkbox"/> <i>Marinated Beef Tips</i> <input type="checkbox"/> <i>Cod Parmesan</i> <input type="checkbox"/> <i>Vegetarian</i>			

_____ Ms./Mr./Dr.	_____ First Name	_____ Last Name	_____ Position Title
<i>Lunch Choice:</i> <input type="checkbox"/> <i>Marinated Beef Tips</i> <input type="checkbox"/> <i>Cod Parmesan</i> <input type="checkbox"/> <i>Vegetarian</i>			

_____ Ms./Mr./Dr.	_____ First Name	_____ Last Name	_____ Position Title
<i>Lunch Choice:</i> <input type="checkbox"/> <i>Marinated Beef Tips</i> <input type="checkbox"/> <i>Cod Parmesan</i> <input type="checkbox"/> <i>Vegetarian</i>			

_____ Ms./Mr./Dr.	_____ First Name	_____ Last Name	_____ Position Title
<i>Lunch Choice:</i> <input type="checkbox"/> <i>Marinated Beef Tips</i> <input type="checkbox"/> <i>Cod Parmesan</i> <input type="checkbox"/> <i>Vegetarian</i>			

School District: _____

School Building: _____ **Phone:** _____ **Extension** _____

If you want confirmation of these registrations, you must provide an e-mail address.

E-mail address: _____

Fax your registration to: 517-335-2886, or mail to: Sylvia Colles
Office of Field Services
Michigan Department of Education
P.O. Box 30008
Lansing, MI 48909

Please! In order for us to provide handouts and order your meal, it is important that we receive your registration form by February 11, 2004